

Date \_\_\_\_\_



# Mounds View Animal Hospital

2625 Co. Hwy 10 N.E. • Mounds View • MN • 55112 • 763-780-8351

## NEW CLIENT INFORMATION

Name \_\_\_\_\_  
 Home/Primary Phone# \_\_\_\_\_  
 Cell Phone# \_\_\_\_\_  
 Work Phone# \_\_\_\_\_  
 Email \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_

Spouse/Partner \_\_\_\_\_  
 Cell Phone# \_\_\_\_\_  
 Work Phone# \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Have you been here with other pets before?  Yes  No  
(PLEASE CIRCLE ONE OF THE ABOVE)

How did you choose our office?  Location/Drove by  Friend/Relative  Humane Society  Internet site:  
(PLEASE CIRCLE ONE OF THE ABOVE)

If you were referred by someone, who may we thank? \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_  
(PLEASE CIRCLE ONE OF THE ABOVE) LAB, SIAMESE, ETC.

Color \_\_\_\_\_ Sex:  M  F  Neutered  Spayed  
(PLEASE CIRCLE ONE OF THE ABOVE)

Birth Date or Age \_\_\_\_\_ Cats: Declawed?  Yes  No \_\_\_\_\_ Does your cat go outside?  Yes  No  
(PLEASE CIRCLE ONE OF THE ABOVE) (PLEASE CIRCLE ONE OF THE ABOVE) HOMEAGAIN, AVID, ETC.

Does your pet have a microchip?  Yes  No \_\_\_\_\_ Do you know the name of the microchip manufacturer? \_\_\_\_\_  
(PLEASE CIRCLE ONE OF THE ABOVE) HOMEAGAIN, AVID, ETC.

How long has it been since your pet last saw a veterinarian? \_\_\_\_\_

Has your animal ever had a bad veterinary experience? \_\_\_\_\_

Is your animal sensitive to touch in any part of the body? \_\_\_\_\_

Do you have any other pets in the household? (Please list) \_\_\_\_\_

Does your pet have any known drug allergies? \_\_\_\_\_

Date of last vaccinations: Distemper \_\_\_\_\_ Rabies \_\_\_\_\_ Feline Leukemia (cats) \_\_\_\_\_

What brand of pet food do you feed your pet? \_\_\_\_\_

Has your pet had any significant medical conditions? \_\_\_\_\_

What is the most important thing for us to know about you or your pet in order to serve you best? \_\_\_\_\_

How much information do you want to be given about your pet's health?

- I want to have a full explanation of everything.
- I want a brief explanation.
- I just want to know if there is anything that I need to do.

I, \_\_\_\_\_, give Mounds View Animal Hospital permission to post pictures of me and/or my pet on their social media sites.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT IS REQUIRED WHEN SERVICES ARE RENDERED**

We accept:

- Cash
- Check
- Visa
- Mastercard
- Discover
- American Express
- CareCredit
- Scratchpay